

CDL Disability Waiver or Hazardous Materials Variance Application

MED 30 (07/22/04)

Valid in Virginia ONLY and for Transporting Intrastate Freight ONLY

The purpose of this form is to apply for a Commercial Driver's License disability waiver or hazardous materials variance.

Instructions: Print or type.

Waivers or variances are granted only for disabilities listed in 49 C.F.R. Federal Motor Carrier Safety Regulations 391.41 (1) (2) (3) (10).

Check one:	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal Application
Check one:	<input type="checkbox"/> Waiver Waivers authorize you to transport general freight only.	<input type="checkbox"/> Hazardous Material Variance Variances authorize you to transport hazardous materials and/or general freight.

Driver Information If you change either your residence/home address or mailing address to a non-Virginia address, your driver's license or photo identification (ID) card may be canceled.			
Name	Last	First	Middle
		Date of Birth	
Residence/Home Address	<input type="checkbox"/> Check here if this is a new address	Driver's License or Social Security Number	Daytime Telephone Number ()
Mailing Address			
City		State	Zip Code
Description of Physical Disability		<i>If missing or impaired limb, complete the back of this form.</i>	

Employer Information			
Company Name		Carrier SCC/ID Number or U.S. DOT Number	
Authorized Representative's Name (print)		Telephone Number ()	Fax Number ()
Business Address			
City		State	Zip Code

Employment Information	
Driver's Job Duties	Dates of Employment
Commodity to be transported: Check applicable box(es). <input type="checkbox"/> General Freight/Property <input type="checkbox"/> Hazardous Materials	

If driver will be transporting hazardous materials complete the following:

Type of hazardous materials	Type of freight	Years of experience hauling hazardous materials
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Driver and Carrier/Company Certification	
<i>This is to certify that the information provided in this application is correct and the applicant is otherwise qualified pursuant to the regulations with the exception of the physical disability(ies) described in this application.</i>	
Driver's Signature	Date
Carrier/Company Authorized Representative's Signature	Date

Physician/Nurse Practitioner Certification	
<i>Based on my medical examination, in my opinion, this applicant is capable of safely operating a commercial motor vehicle.</i>	
Physician's/Nurse Practitioner's Signature	Date

This form must be accompanied by a completed Customer Medical Report (MED 2).

To be completed by drivers with missing or impaired limb(s)

Answer all questions below.

The Department of Motor Vehicles is relying on your medical measurements and judgement for such information below:

1. Does this driver have adequate Muscle Strength to perform the tasks required?

☐ Yes

☐ No

If no, please indicate the impaired extremity.

Upper Extremity

☐

Right

☐

Left

Lower Extremity

☐

Right

☐

Left

2. Does this driver have adequate Mobility of the extremities and trunk to perform the tasks required?

☐ Yes

☐ No

If no, please indicate the impaired extremity.

Upper Extremity

☐

Right

☐

Left

Lower Extremity

☐

Right

☐

Left

Trunk

☐

3. Does this driver have adequate Joints and Trunk Stability to perform the tasks required?

☐ Yes

☐ No

If no, please indicate the impaired extremity.

Upper Extremity

☐

Right

☐

Left

Lower Extremity

☐

Right

☐

Left

4. If this driver has an upper limb impairment or is a partial hand or upper limb amputee, is he/she capable of demonstrating Precision Prehension (e.g., turning knobs, switches, etc.) and Power Grasp (e.g., holding and maneuvering the steering wheel) with each upper limb separately?

Right Hand

☐

Yes

☐

No

Left Hand

☐

Yes

☐

No

If no, do you recommend a surgical reconstruction to produce power grip and/or prehension?

☐ Yes

☐ No

5. If this driver is an amputee, does he/she have:

- a. the appropriate type of prosthesis?

☐ Yes

☐ No

- b. the appropriate type of terminal device?

☐ Yes

☐ No

- c. If yes, does the prosthesis fit satisfactorily; is it in good operating condition?

☐ Yes

☐ No

If no to any of the above, what is your recommendation?
